

NIBIB/MMC WORKSHOP

Defining the State-of-the-Art in Biomedical Imaging: Research Needs for the Future

Session #3

Data Reconstruction, Interpretation, and Informatics



RESEARCH NEEDS FOR DATA/IMAGE RECONSTRUCTION

Benjamin M. W. Tsui, Ph.D.

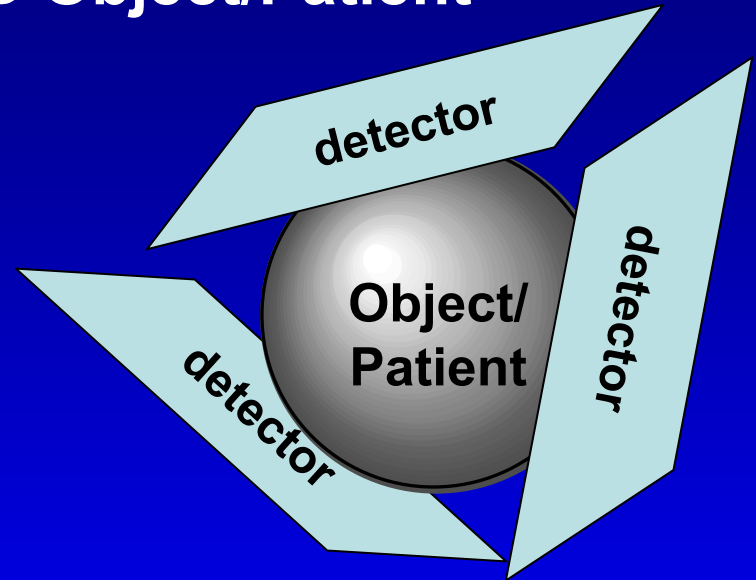
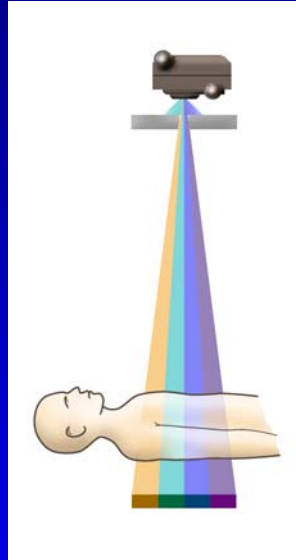
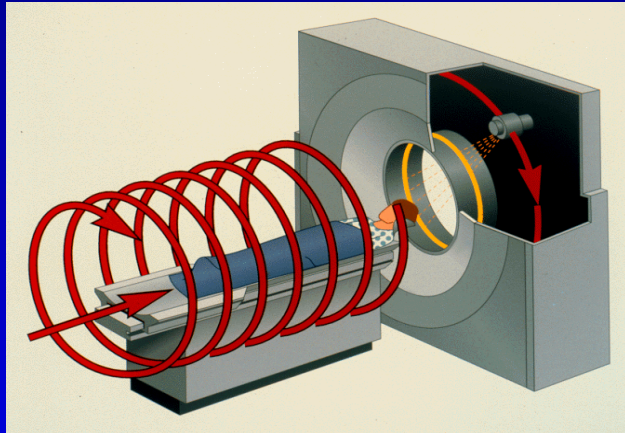
Department of Radiology and Radiological Sciences
Johns Hopkins University

IMPORTANCE OF DATA/IMAGE RECONSTRUCTION

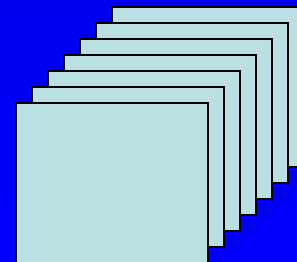
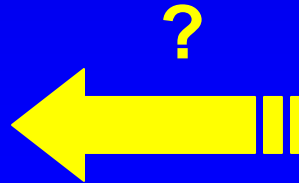
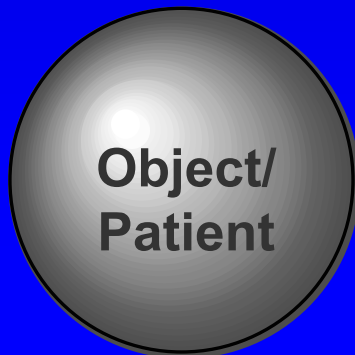
- A major goal of biomedical imaging is to seek **accurate 3D or 4D** information of patients or, more recently, of small animals using
 - e.g., x-ray CT, PET, SPECT, MRI, US, Optical
- 3D and 4D imaging techniques often involves special data/image acquisition geometries and strategies, and reconstruction methods

MEDICAL IMAGING PROCESS

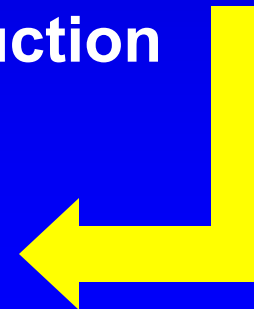
4D Data Acquisition of 3D Object/Patient



Data/Image Reconstruction



Reconstructed Images

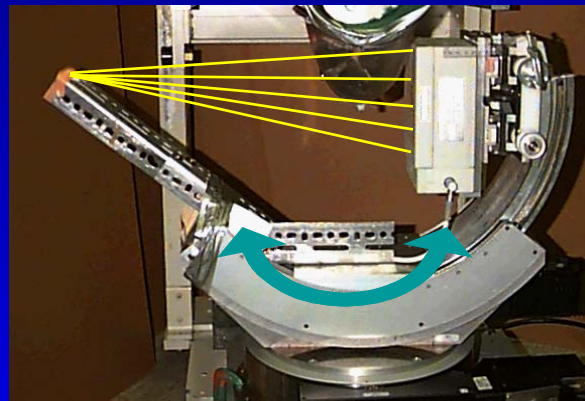


Application Specific **EMISSION** & Transmission Tomography (ASETT) of the Breast

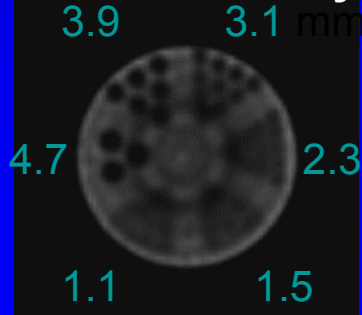
Compact
Hemispherical
System for ECT



3D Cone Beam
Transmission Imaging



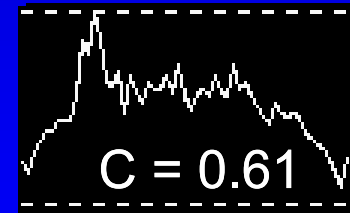
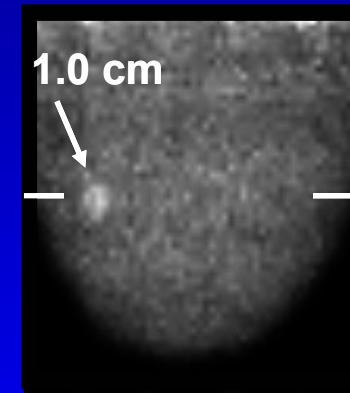
Phantom study



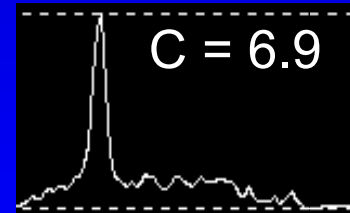
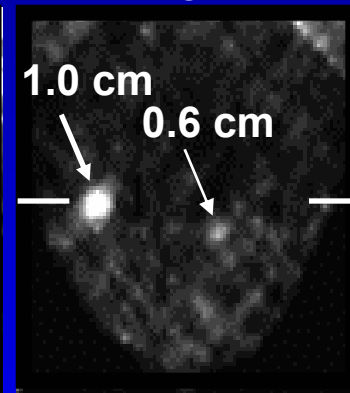
OSEM, 20 iterations, 8 subsets
256 projection angles

Comparison

Planar
Cranio-caudal



ASETT
Sagittal



11 times higher Contrast with
ASETT

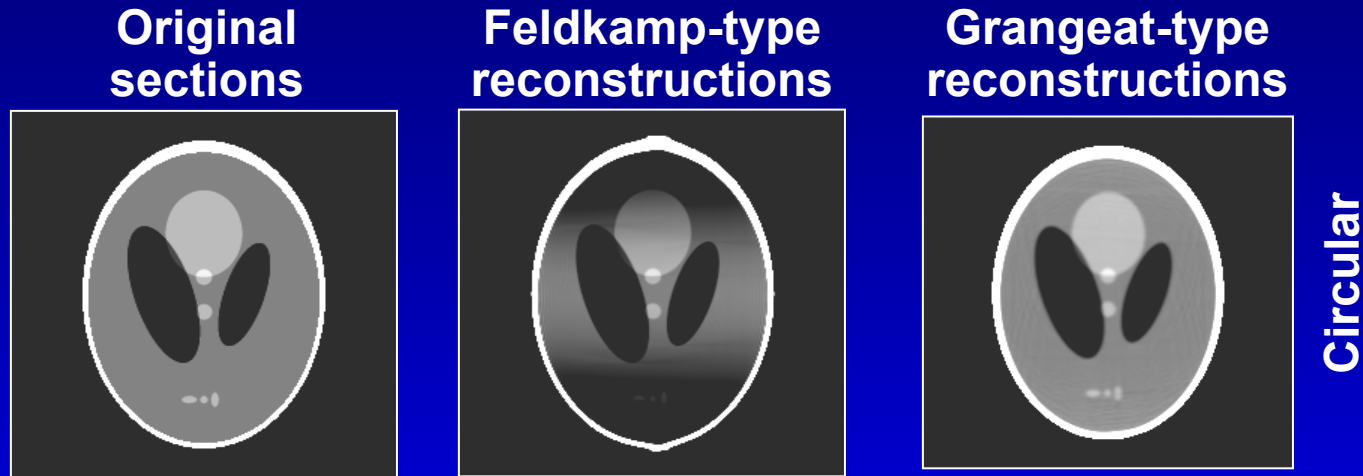
IDEAL CHARACTERISTICS OF DATA/IMAGE RECONSTRUCTION

- Based on sound theoretical basis
 - Analytical or statistical based
- High quantitative accuracy
 - Reconstructed images are close representations of the “truth”
- Good noise handling properties
 - Reconstructed images with low noise levels and good noise properties
- High computational speed

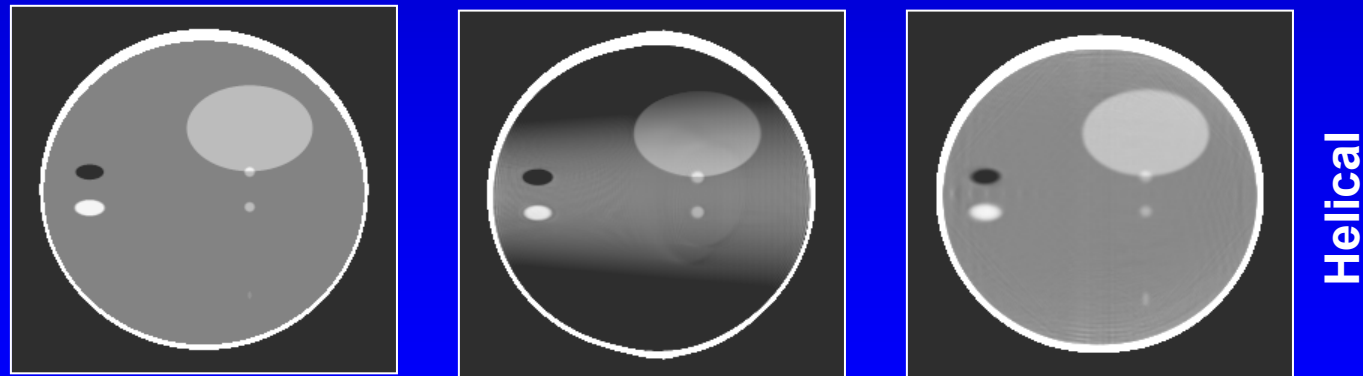
PROBLEMS

- Accurate 3D & 4D reconstructed images are difficult to achieve due to
 - Noise
 - Lack of accurate analytical reconstruction methods
 - Especially for special acquisition geometries
 - Image degrading factors
 - Imaging system misalignments, especially in small animal imaging systems

Grangeat-Type Helical Half-Scan 3D Reconstruction of the 3D Shepp-Logan Phantom



Vertical slice at $y=0.242$ with a circular half-scan



Vertical slice at $x=-0.0369$ with a helical half-scan (Contrast range: 1.005-1.05)

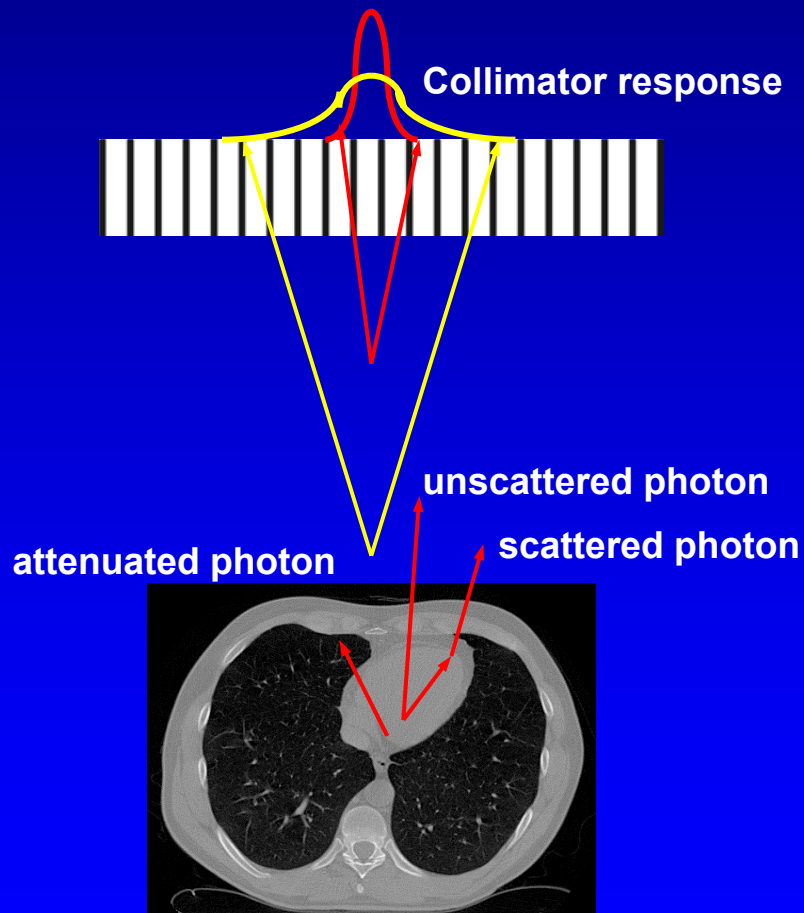
Lee SW, Wang G. SPIE Medical Imaging, San Diego, CA, 2003

Wang G, Lee SW: A Grangeat-Type Half Scan Algorithm for Cone-Beam CT (patent pending)

IMAGE DEGRADING FACTORS

Instrumentation

collimator, detector



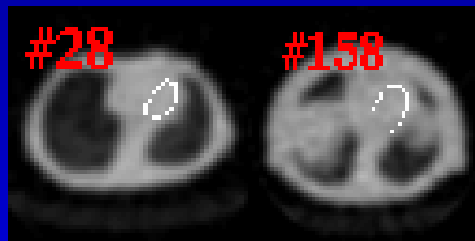
Physical factors

attenuation, scatter, beam hardening

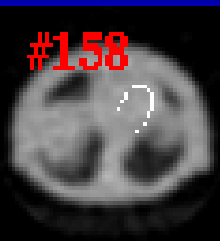
Patient Anatomy

attenuation distribution, body shape

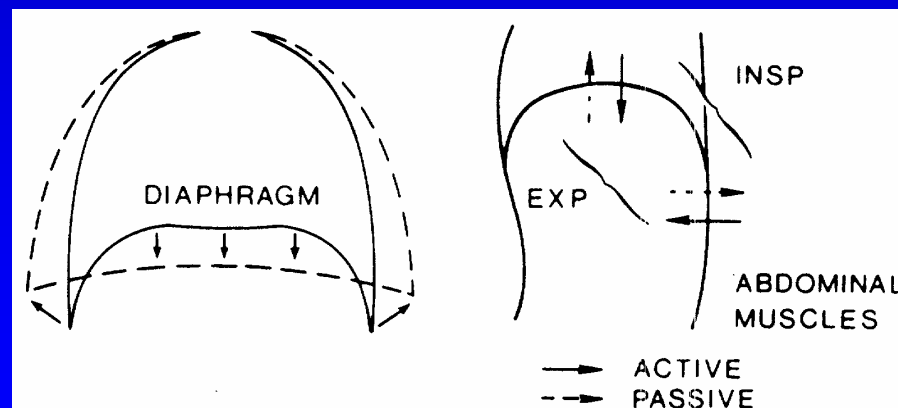
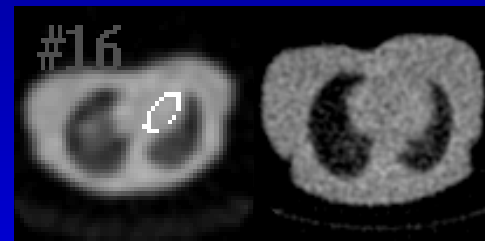
Male – Flat
Diaphragm



Male – Raised
Diaphragm



Female – Large Breasts,
Flat Diaphragm



Patient Motion

respiratory motion, upward creep

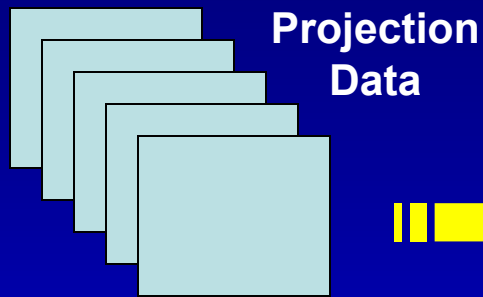
DIFFICULTIES IN COMPENSATING DEGRADING FACTORS

- Instrumentation
 - System non-uniformity, non-linearity
 - Non-stationary collimator-detector response
- Physical factors
 - Poisson statistics
 - Positron range, non-collinearity
 - Non-uniform attenuation in the chest region
 - Non-stationary & complex scatter response
 - Beam hardening
- Patient anatomy
 - Variations in body size, shape and structures
- Patient motions
 - Involuntary & voluntary motions

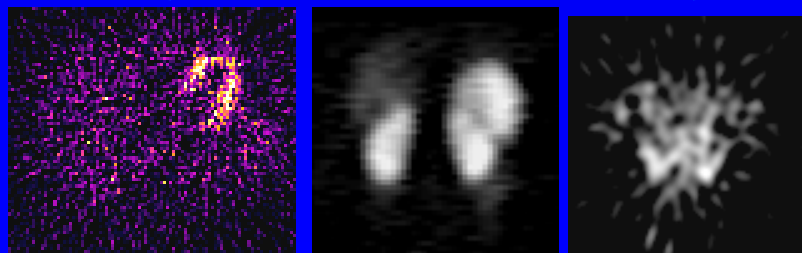


Exact compensation and pursue of true object distribution by theoretical means are difficult if not impossible to achieve

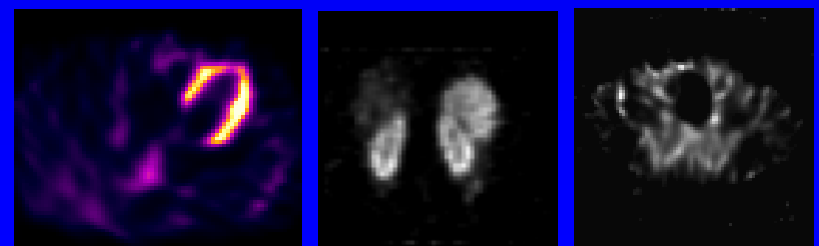
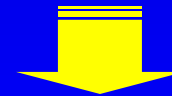
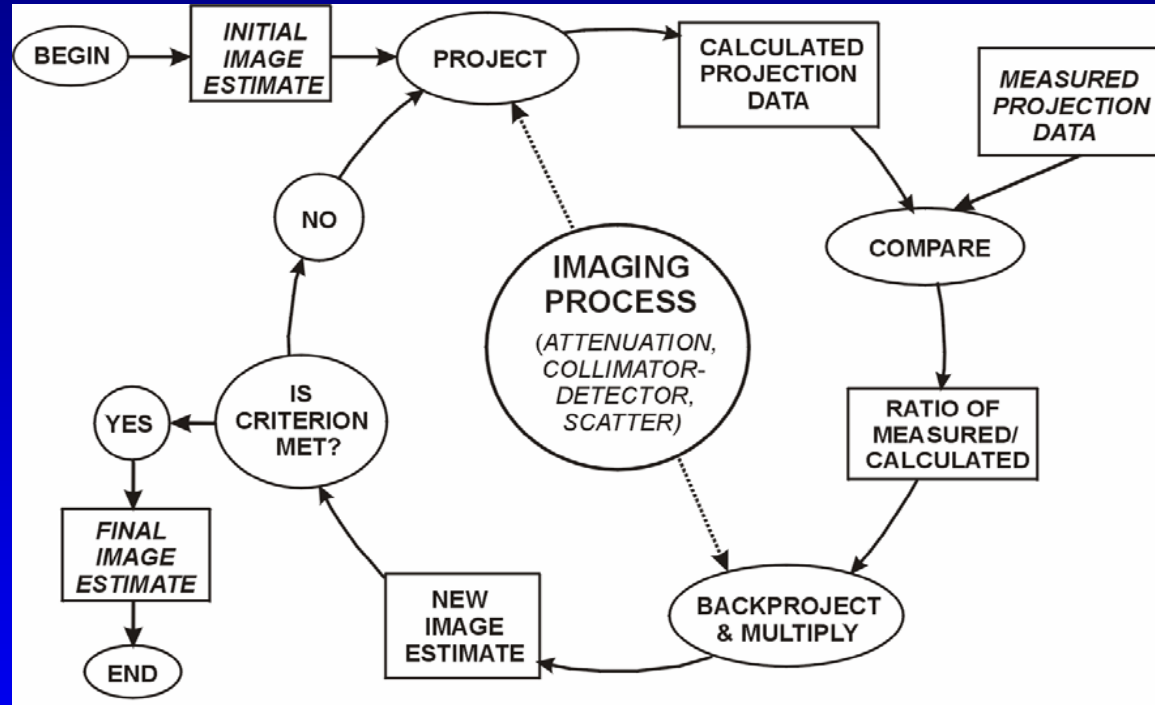
QUANTITATIVE RECONSTRUCTION METHODS



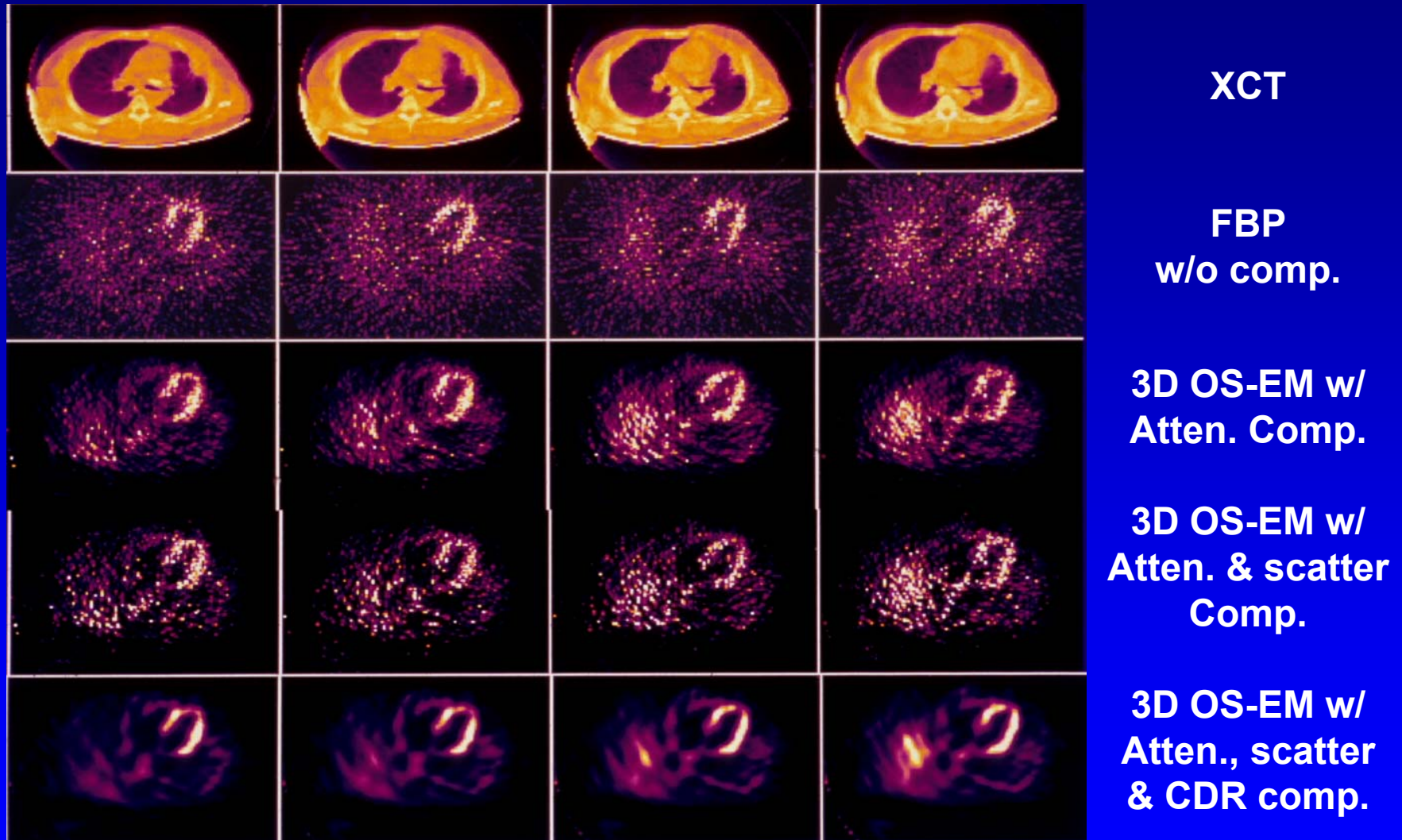
Analytical FBP method
without any
compensation



3D Iterative reconstruction methods with
accurate 3D model of imaging process



CLINICAL MYOCARDIAL PERFUSION SPECT

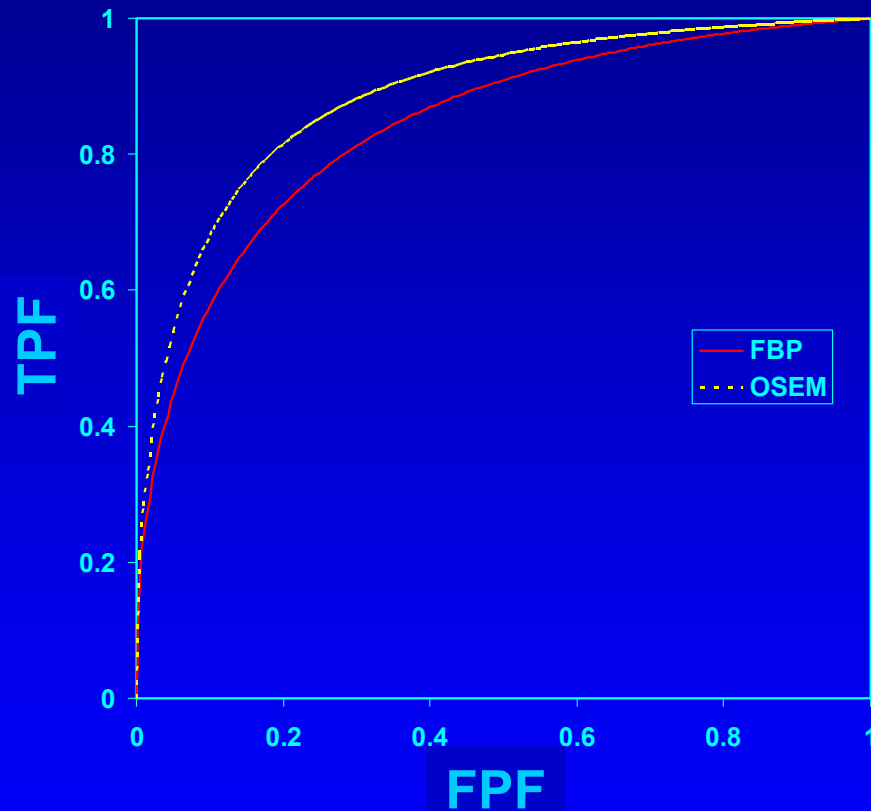


Data obtained using GE Hawkeye SPECT system with X-ray TCT at
Vanderbilt University, JA Patton, Ph.D. and processed at UNC-CH, EC Frey, Ph.D.

MYOCARDIAL PERFUSION SPECT

FBP versus iterative OSEM

Coronary Artery Disease (CAD)



Continuous Rating Scale

Reconstruction Methods

AUC

FBP **0.852 ± 0.032**
(w/ all information)

OSEM **0.894 ± 0.031**
(w/ all compensation)

$p = 0.0097$

Previous results

AUC	FBP	AC	AC+SC	AC+SC+RC
	0.808	0.845	0.868	0.894

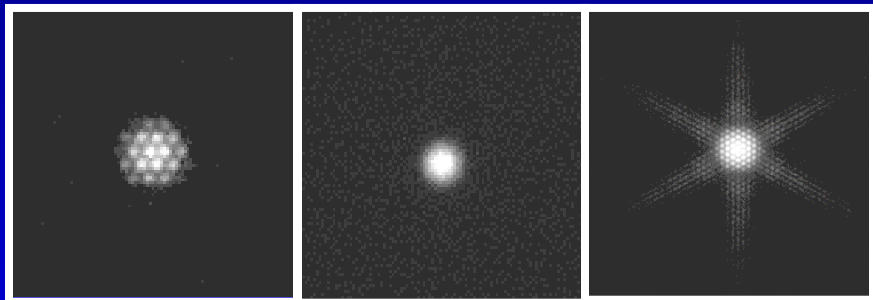
RECONSTRUCTION WITH COMPENSATION FOR INSTRUMENTATION EFFECTS

Medium- & High-Energy Collimators

GE MEGP

Siemens ME

Siemens HE



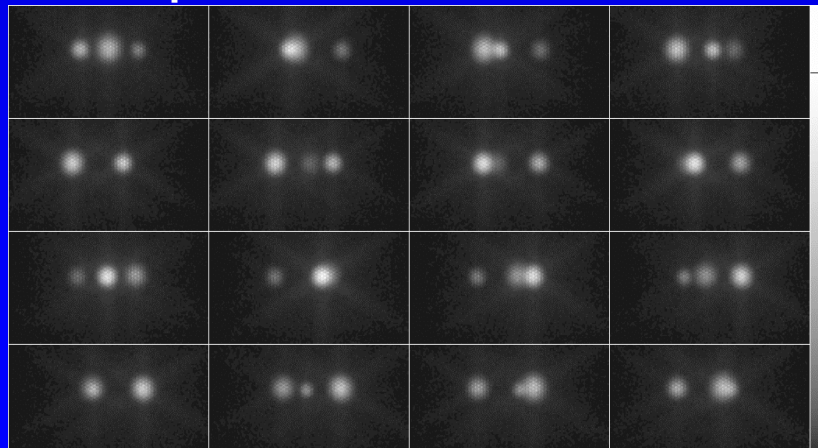
185 keV

185 keV

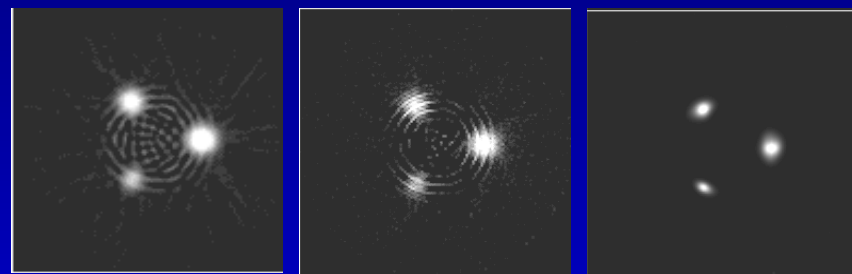
364 keV

Photon Energy

Sample Projection Images of 3 I-131 filled spheres obtained w/ Siemens HE



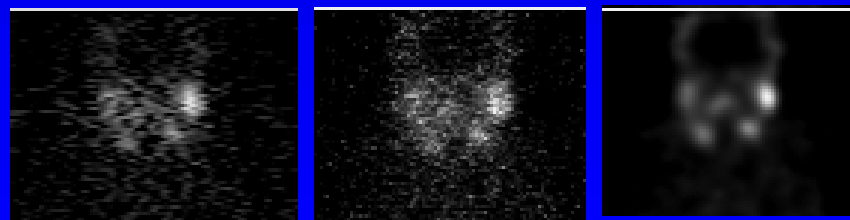
Phantom with 3 spheres



Patient In-111 Octreotide Study



Patient I-131 Study

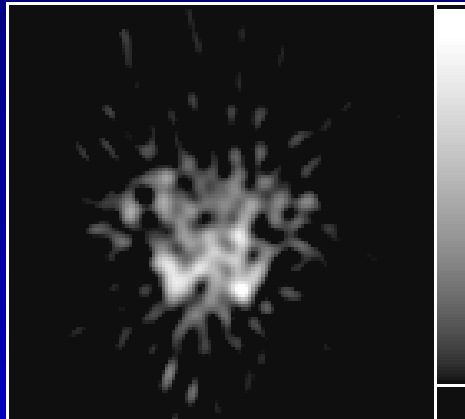


FBP
w/o comp.

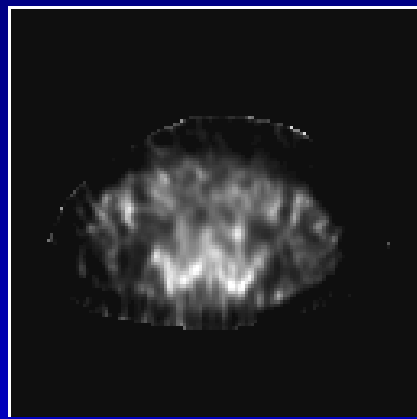
OS-EM
w/o comp.

OS-EM
w/ CDR comp.

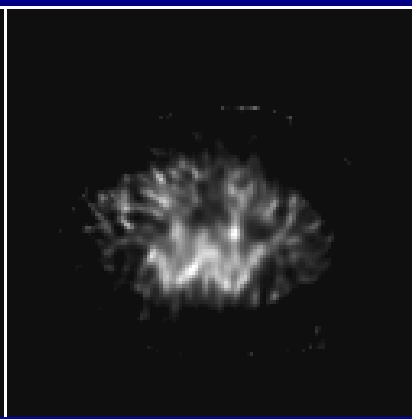
In-111 PROSTASCINT® PROSTATE PATIENT STUDY (#12)



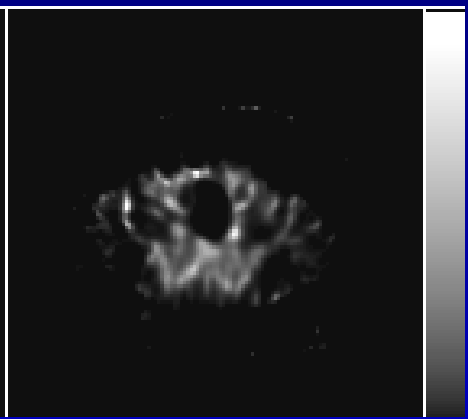
3D FBP
w/o correction
Butterworth, n=8, fc=0.15/p



OS-EM, 2 it.
w/ CDR correction



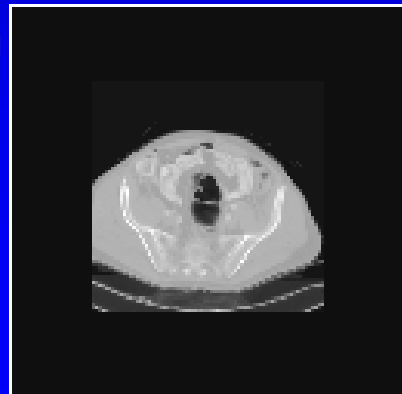
OS-EM, 3 it.
w/ CDR, attenuation
correction



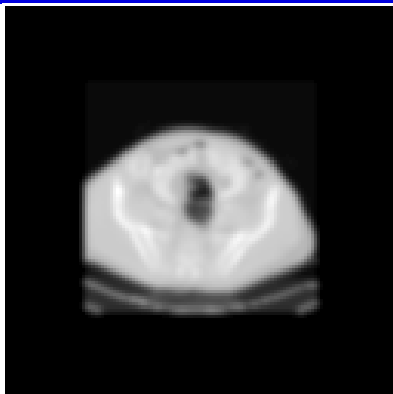
OS-EM, 5 it.
w/ CDR, attenuation
& scatter correction

71 yr old white male w/
post bilateral nerve sparing
prostatectomy in 1996 &
recent increased PSA

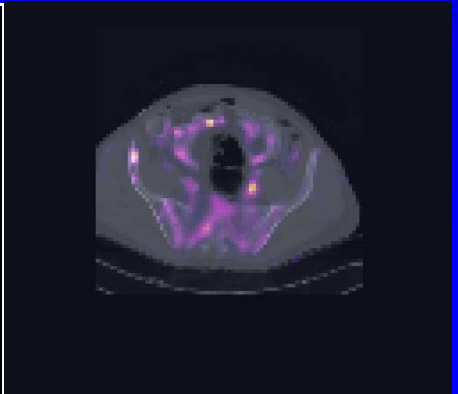
SPECT images show
asymmetric radiotracer
focus at the left common
iliac vessel raises
suspicion for lymph node
involvement



Original CT

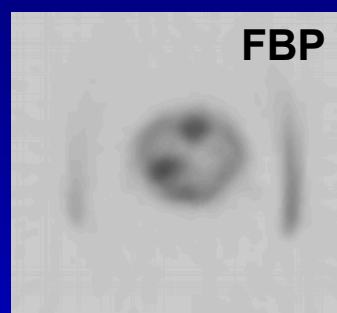
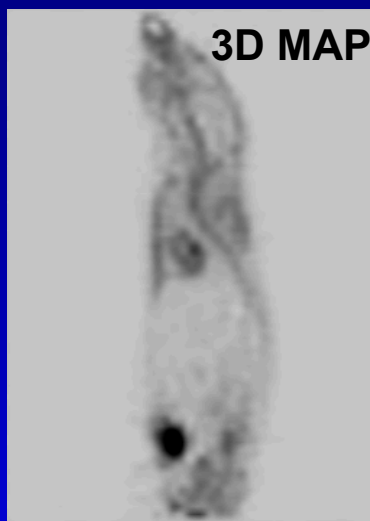
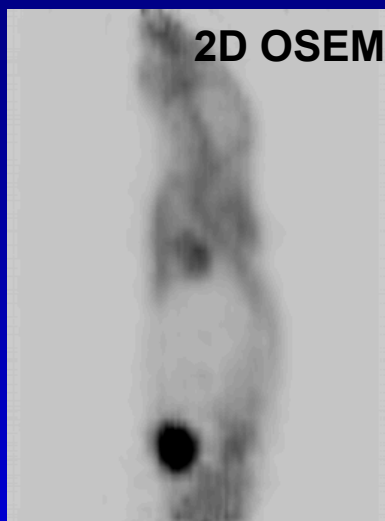
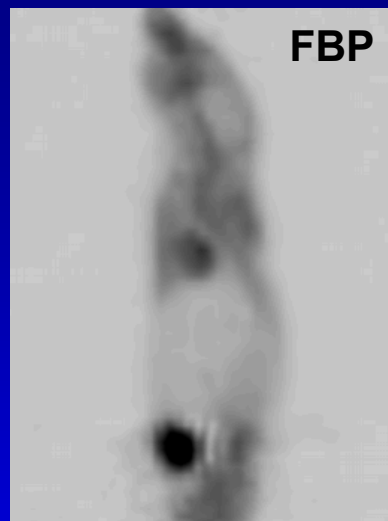


**Transformed
attenuation map**

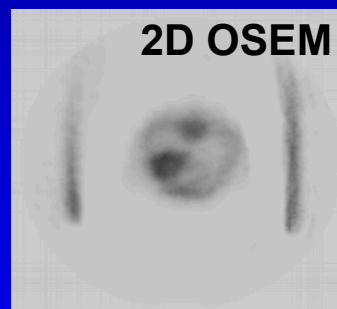


**Fused
CT & SPECT image**

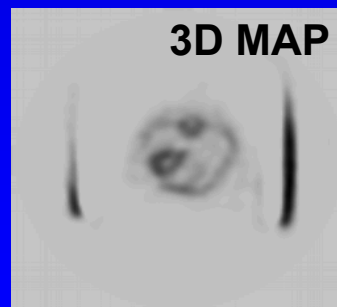
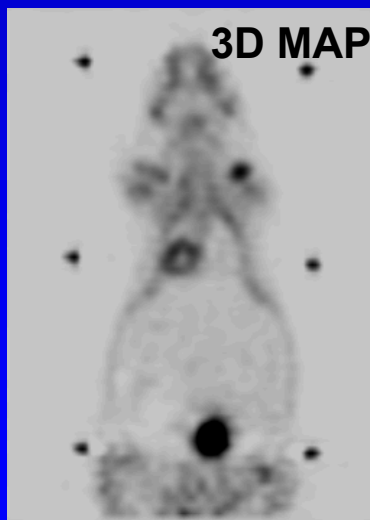
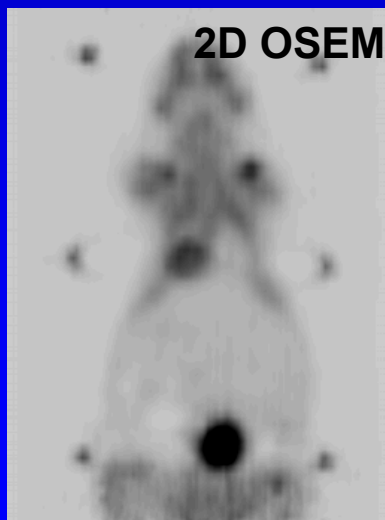
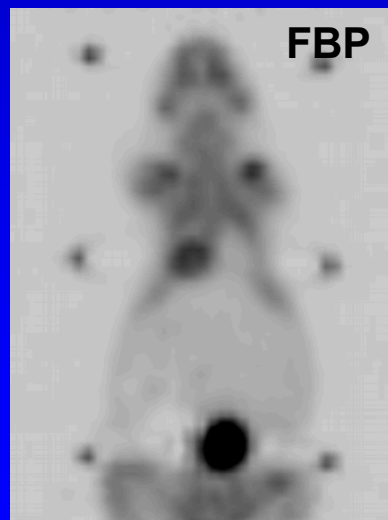
MOUSE IMAGES FROM microPET I



FBP
ramp filter
w/o
compensation



2D OSEM
w/o
compensation



3D MAP
w/ compensation
of positron range,
co-linearity,
detector response

SPECT RECONSTRUCTION USING HIGH-RESOLUTION ANATOMICAL INFORMATION

SPECT Reconstruction Using a Segmentation of the MRI

ML-EM Reconstruction

MR Image Slice

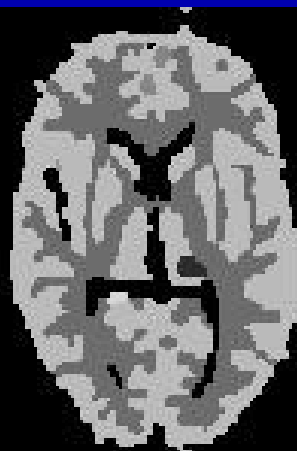
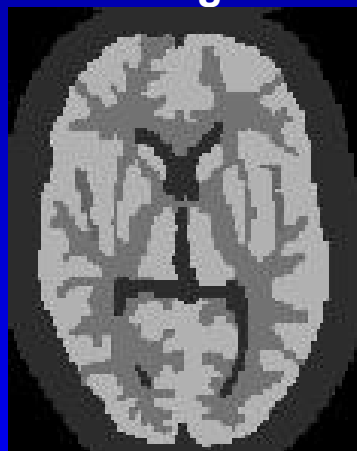
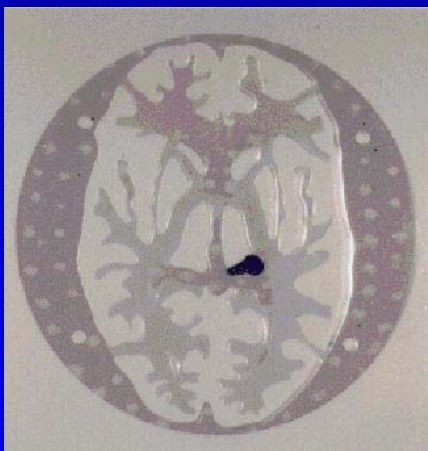
Initial SPECT
Estimate Using
MRI Regions

SPECT Estimate
At Convergence

Iteration Number

50

400



Improved quantitative accuracy of total lesion activity reduction in the white matter area is realized when anatomical information is utilized (87,000 +/- 11,000 events versus the true value of 93,000 +/- 5,000).

PINHOLE/CONE-BEAM IMAGING GEOMETRY

Parameters

ρ : skew angle of the AOR

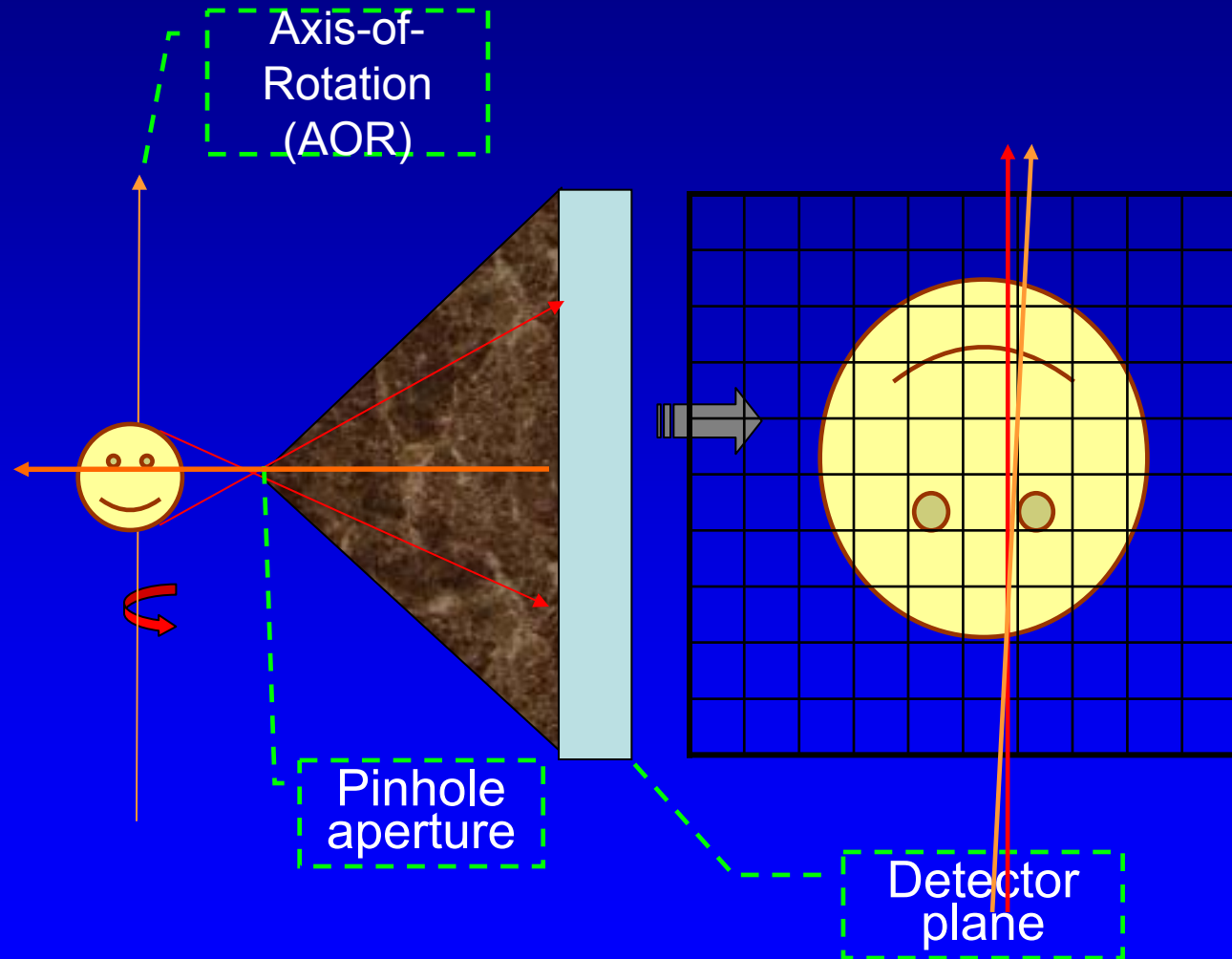
τ : tilt angle of AOR

X_{AO} : transversal shift of the AOR

Z_A : distance from the AOR to the detector plane

Z_F : shortest distance from the focal point to the detector plane

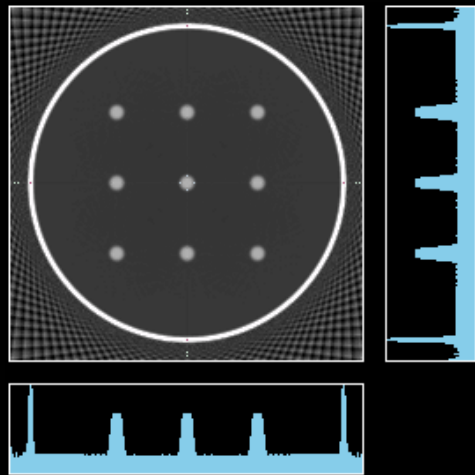
X_F, Y_F : shifts of the focal point in the world coordinates with respect to the detector



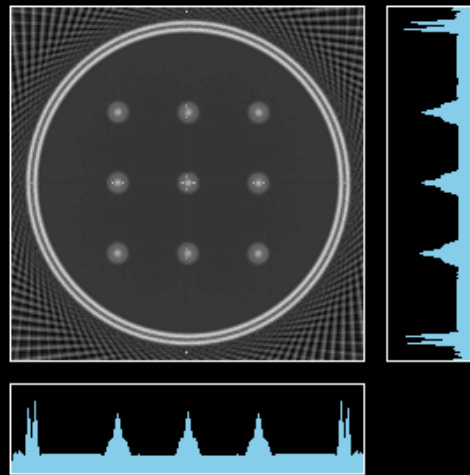
PARAMETER ESTIMATION IN CONE-BEAM CT IMAGE RECONSTRUCTION

Possible artifacts

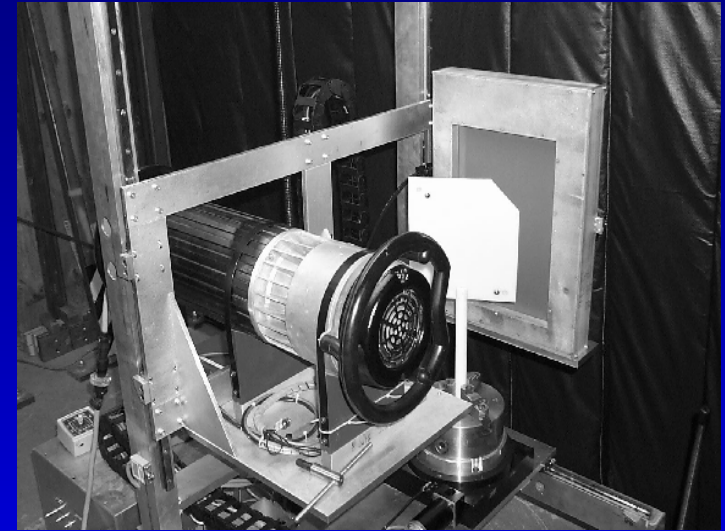
loss of resolution and structure alteration
(e.g. double walls)



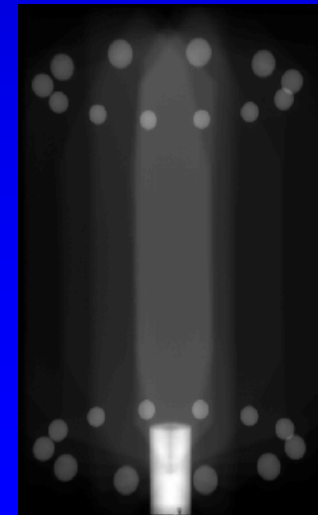
Aligned



Misaligned



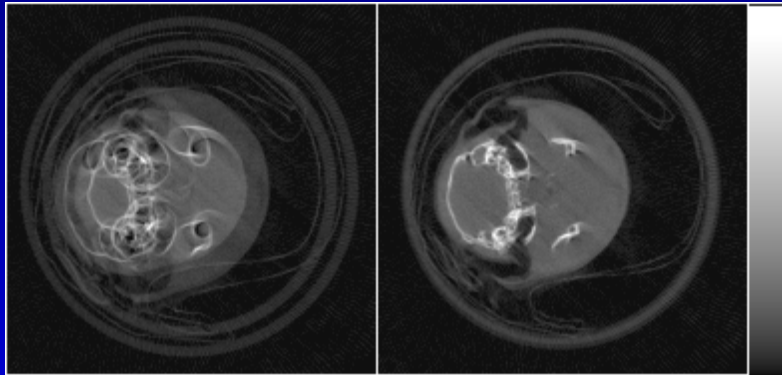
Prototype x-ray CB-CT
scanner at the I.N.E.E.L.



Sum of 12
projections over
360 deg.

ESTIMATION AND CORRECTION OF MISALIGNMENTS IN IMAGE RECONSTRUCTIONS

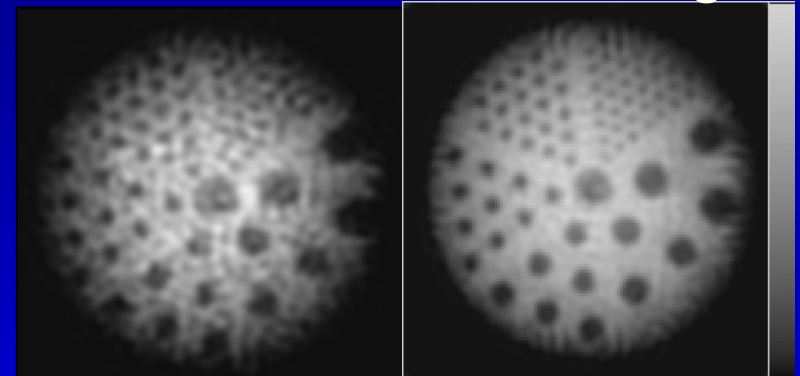
MicroCT Mouse Image



Misaligned
 $\tau \sim 0.23^\circ$

Aligned

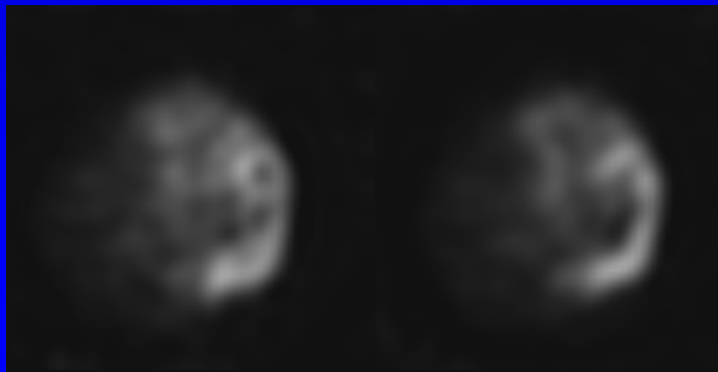
MicroSPECT Phantom Image



Misaligned
 $X_{AO} \sim 0.8 \text{ mm}$

Aligned

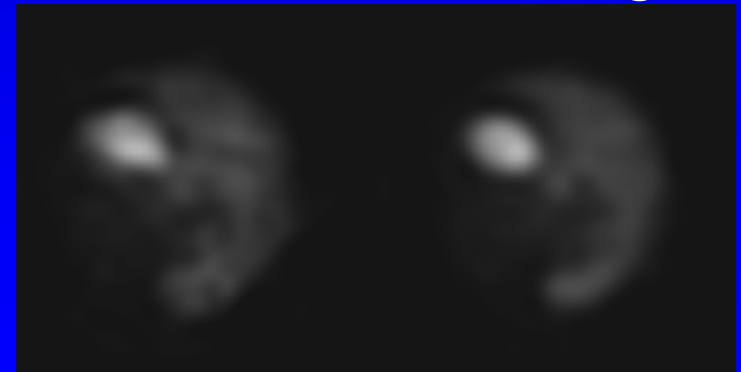
MicroSPECT Mouse Image



Misaligned
 $X_{AO} \sim 0.2 \text{ mm}$

Aligned

MicroSPECT Mouse Image



Misaligned
 $X_{AO} \sim 0.2 \text{ mm}$

Aligned

VALIDATION/EVALUTION --- *Simulation Tools*

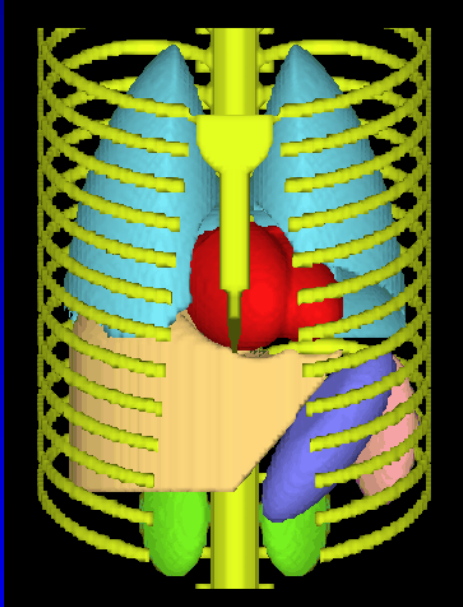
- Validation/Evaluation of reconstruction methods is Important in their development
- Advantages of simulation methods for validation
 - Known “truth” (as compared to clinical studies where truth is often unknown)
 - More flexible (as compared to physical phantoms)
- Limitations of simulation methods
 - Unrealistic computer generated phantoms
 - Inaccurate simulated projection data

ADVANCES IN SIMULATION TOOLS

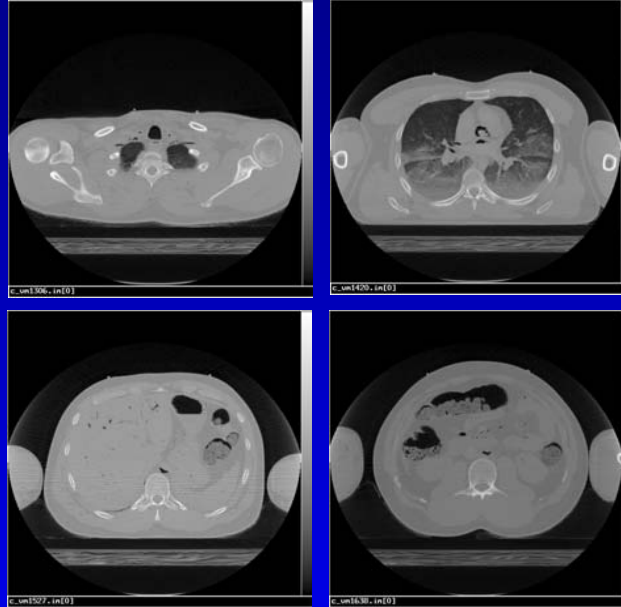
- Realistic anatomy based on
 - Clinical image data
 - Visible Human data
- New 4D computed generated phantoms
 - Beating heart based on 4D tagged MRI data
 - Respiratory motion based on respiratory gated 4D CT data
- Accurate projection data
 - Monte Carlo simulation techniques
 - Accurate models of instrumentation & imaging processes

NURBS-based Cardiac-Torso (NCAT) Phantom

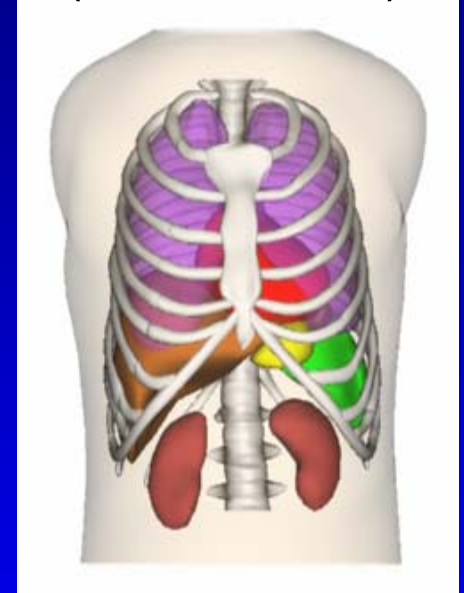
Previous
MCAT Phantom



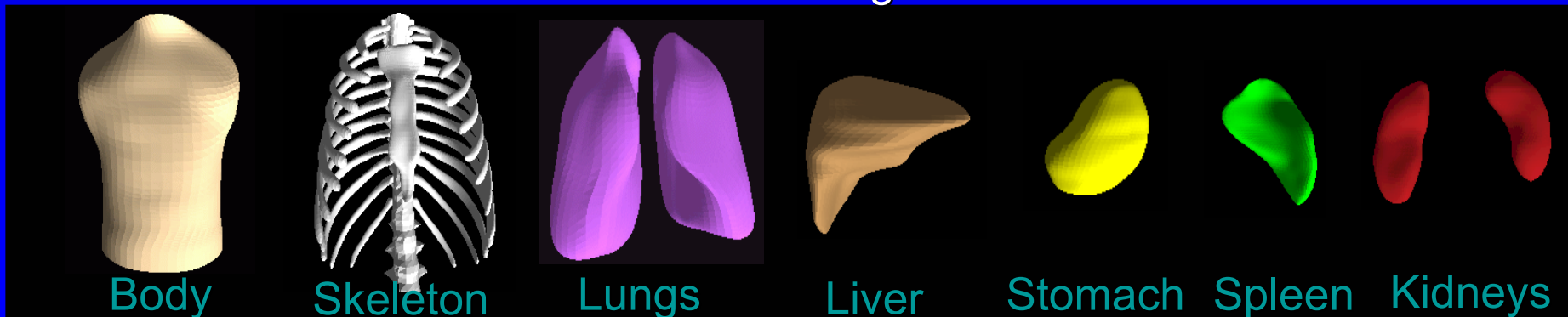
Sample Slices from the
Visible Human CT Data Set



NCAT Phantom
(anterior view)



3D NURBS Organ Models

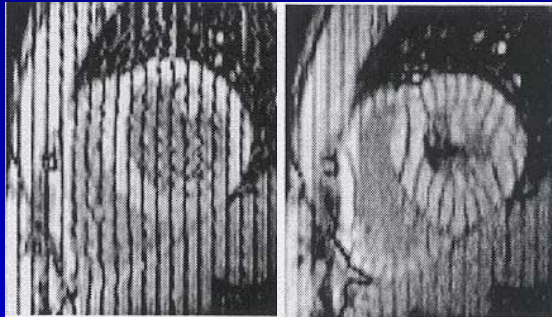


4D NCAT Phantom with Beating Heart and Respiratory Model

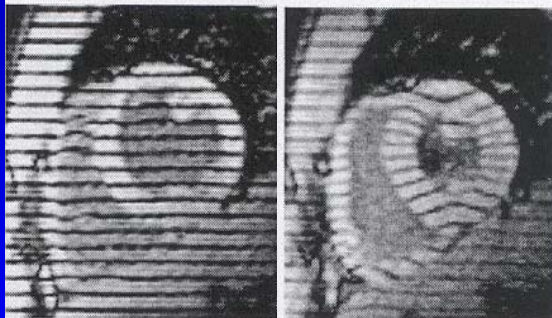
Diastole

Systole

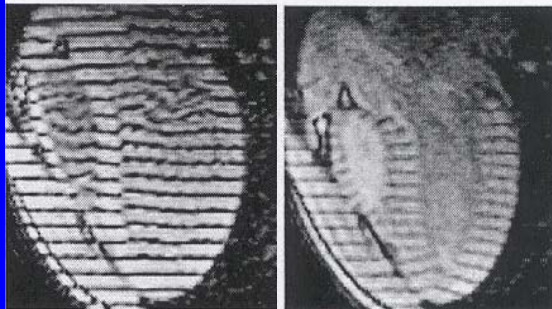
short
axis
slice (x)



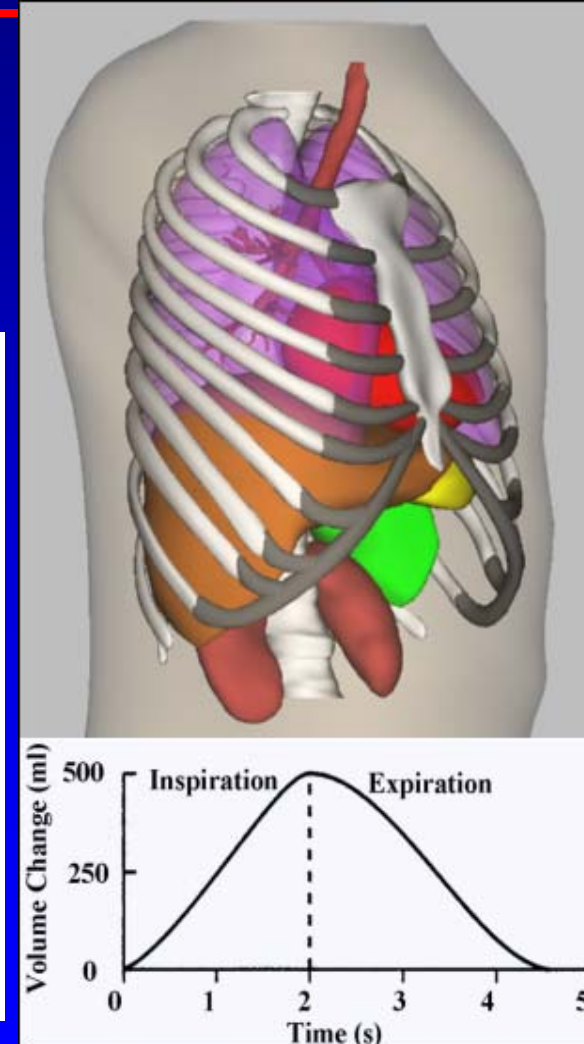
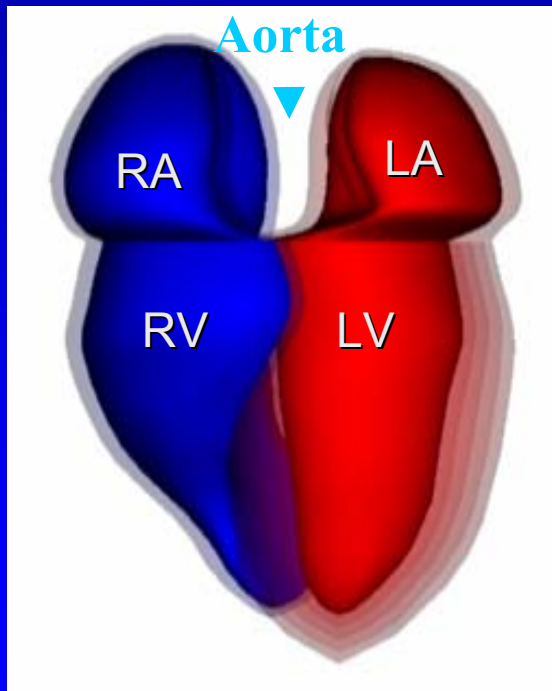
Ortho-
gonal
short
axis
slice (y)



long
axis
slice (z)



Animated Motion
Derived From Tagged
Data



*Tagged MRI data courtesy of Elliott McVeigh, Ph.D.,
NIH and Johns Hopkins University*

*Respiratory gated 4D CT data courtesy of
Eric Hoffman, Ph.D., University of Iowa*

FUTURE RESEARCH NEEDS IN DATA/IMAGE RECONSTRUCTION

- 3D, 4D & 5D Reconstruction methods for special data acquisition geometries and strategies
- Reconstruction methods that compensates for image degrading factors
- Parameter estimation and calibration methods for high-resolution image reconstructions
- Validation methods --- Simulation tools

FUTURE RESEARCH NEEDS IN DATA/IMAGE RECONSTRUCTION

- 3D, 4D & 5D Reconstruction methods for special data acquisition geometries and strategies
 - Special analytical and iterative reconstruction methods that provide
 - Good signal-to-noise ratio
 - Accurate 3D volume information
 - Accurate 4D dynamic and/or functional information
 - Cardiac, respiratory gated images
 - biokinetics information
 - Accurate 5D physiological information and parametric information (?)
 - Additional biokinetics parameters, e.g., uptake, washout & exchange rates

FUTURE RESEARCH NEEDS IN DATA/IMAGE RECONSTRUCTION

- Reconstruction methods that compensates for image degrading factors
 - Iterative image reconstruction algorithms
 - Good sign-to-noise and other properties
 - Accurate models of physics of imaging process
 - Reconstruction with time-of-flight information
 - Motion compensation methods
 - Involuntary motions, e.g., cardiac, respiration
 - Patient motions
 - Free motions (?)

FUTURE RESEARCH NEEDS IN DATA/IMAGE RECONSTRUCTION

- Parameter estimation and calibration methods for high-resolution image reconstructions
 - Essential for high-resolution imaging (e.g., molecular imaging) methods
 - Solutions of multi-parameter estimate problems
 - Accurate and robust calibration methods
 - Implementation in high-resolution reconstruction methods
 - Automatic calibration/reconstruction (?)

FUTURE RESEARCH NEEDS IN DATA/IMAGE RECONSTRUCTION

- Validation/Evaluation methods --- Simulation tools
 - 4D realistic computer generated phantoms
 - Accurate models of anatomy, physiology, and attenuation, radioactivity, ρ , T1 and T2 distributions
 - Family of phantoms with simulated patient variations
 - Accurate Monte Carlo simulation methods with accurate models of
 - imaging geometries
 - imaging instrumentation
 - physics of imaging process
 - High-speed computational hardware
 - Low-cost computer clusters
 - Simulated patient studies (?)

ACKNOWLEDGMENT

Contributors:

- JE Bowsher, Ph.D., RJ Jaszczak, Ph.D. Duke University
- M Tornai, Ph.D., Duke University
- G Wang, Ph.D. University of Iowa
- RM Leahy, Ph.D. Univ. of Southern California
- EC Frey, Ph.D., WP Segars, Ph.D., Johns Hopkins University
YC Wang, M.S.
- MA King, Ph.D., H Pretorius, Ph.D., University of Massachusetts
MV Narayanan, Ph.D.
- F Noo, Ph.D. University of Utah
- GT Gullberg, Ph.D. Lawrence Berkeley Lab
- HH Barrett, Ph.D. University of Arizona
- JA Patton, Ph.D. Vanderbilt University
- E McVeigh, Ph.D. NIH
- EA Hoffman University of Iowa